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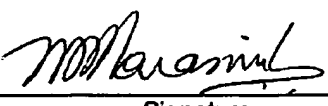
JUL 08 2004

PTO/SB/31 (08-00)

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional)									
<table border="1"> <tr> <td colspan="2">In re Application of Kiril A. Pandelisev</td> </tr> <tr> <td>Application Number 09/587,318</td> <td>Filed 06/05/2000</td> </tr> <tr> <td colspan="2">For Multiple Selectable Field....</td> </tr> <tr> <td>Group Art Unit 3762</td> <td>Examiner O.Khan</td> </tr> </table>				In re Application of Kiril A. Pandelisev		Application Number 09/587,318	Filed 06/05/2000	For Multiple Selectable Field....		Group Art Unit 3762	Examiner O.Khan
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Group Art Unit 3762	Examiner O.Khan										
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner dated, <u>04/08/2004</u>, rejecting the following claims: <u>1-41, 84, 85 and 87-105</u></p>											
<p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) _____ has been paid <u>05/30/2003</u> a copy is attached.</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$_____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. _____. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p>											
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<p>I am the</p> <p><input type="checkbox"/> applicant.</p> <p><input type="checkbox"/> assignee of record of the entire interest.</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a).</p> <p>Registration number if acting under 37 CFR 1.34(a): _____</p>		<p> Signature</p> <p>Meera P. Narasimhan Meera P. Narasimhan Typed or printed name</p> <p>07/08/2004 Date</p>									

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